

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101588794

8.9.2006

CLAIMS

	AS FILED		AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3								
4	1		1					
5		1		1				
6	1		1					
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TOTAL IND.			4					
TOTAL DEP.			8					
TOTAL CLAIMS			12					

	AS FILED		AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT					
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